## Iowa Department of Public Health Bureau of Radiological Health Lucas State Office Building Des Moines, Iowa 50319-0075

Application for Radon Measurement Certification (Laboratory)		
Name of Individual or Company	*Social Security No.:	
Location (street, state, zip code):		
Person to Contact for Further Information	Di .	
20.00.00	Phone:	
Name:	D. (CD: II (C) (D)	
Reason for Application: (Check one)	Date of Birth: (mm/dd/yy)	
New Certification Renewal		
Owner (s) of the Company: (if different from above) Address:		
Fee Schedule	Testing Methods Used:	
	AT – Alpha-Track Detection	
1. Certification Level (choose one)	CC – Activated Charcoal Adsorption	
· ,	CR – Continuous Radon Monitor	
Laboratory (\$500)	CW – Continuous Working Level Monitor	
Specialist (\$250)	EL – Electret-Perm (Long-term)	
2. Application Fee	ES – Electriet-Perm (short-term)	
2. Application Fee	LS – Charcoal Liquid Scintillation	
Iowa Resident (\$25)	RP – Radon Progeny Integrated Sampling	
Non-resident (\$100)	SC – 3-Day Integrated Evacuation Scint. Cell	
	UT – Unfiltered Alpha-Track Detection	
3. Total Fee	•	
	Other (explain)	
Required:		
1. Do you have a medical condition(s) which in any way may impair or limit your ability to perform as a		
radon tester?yesno		
If yes, provide a description of your condition and submit a letter from a physician stating that your		
condition will not affect your ability to perform as a radon tester.		
2 Have you within the past 5 years of	ngagad in the illegal or improper use of drugs or other chamical	
2. Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substance(s)? yes no		
If yes, provide a letter from your physician or treatment program that identifies your current or past		
treatment status.		

3.	3. Have you ever been convicted of, or entered a plea of no contest to a misdemeanor or felony? (other than minor traffic violations with fines under \$100) You must answer "yes" even if the matter has been expunged from the record.		
4.	Has any state or jurisdiction of the United States or any other nation ever censured, placed on probation, suspended, revoked, or otherwise discip certification issued to you?  If yes, include date, location, reason and current status.		
5.	Have you ever been found guilty of incompetence or negligence during professional service provider?  If yes, please explain.	your performance as a yes no	
6.	Have you ever been sued as a professional service provider? If yes, please explain.	yes no	
1. I have enclosed a check or money order payable to the Iowa Department of Public Health.			
<ul><li>2. I have enclosed the additional information required in Parts A and B, as applicable.</li><li>3. I hereby certify that all information in this application is true and complete.</li></ul>			
4. I understand that all statements and representations made with this application are binding upon the applicant.			
Typed/Pi	rinted Name	Title	
Signatur	re of Applicant	Date	

<sup>\*</sup>Privacy Act Notice: Disclosure of your Social Security number on this license application is required by 42 U.S.C. Section 666(a)(13) and Iowa Code Section 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to  $accurately\ identify\ licensees.$ 

## Radon Measurement Laboratory Additional Information

## Part A

Please submit the following:

- 1. Proof of successful participation in the Environmental Protection Agency's (EPA Radon Measurement Proficiency Program.)
- 2. A quality assurance plan and quality control procedures for all measurements and equipment. This must include a signed statement that you will follow all EPA measurement guidelines and protocols.
- 3. Name(s) and address(es) of any retail operational(s) selling the laboratory's testing service(s) within Iowa.